

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** MILLER ELDER CARE (0010054)

**Address:** 3017 WEST MANN STREET, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2004

**Regional Office:** NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History**

**Survey ID:** 0095691      **End Date:** 09/23/2005      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0093050      **End Date:** 07/20/2004      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009309    Served 08/05/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	09/23/2005	Yes
83.18(1)(b)	ACCESS TO RECORD SHALL BE RESTRICTED	09/23/2005	Yes

**Survey ID:** 0092459      **End Date:** 03/23/2004      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Survey ID:** 0091987      **End Date:** 01/05/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009236    Served 02/21/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	03/23/2004	Yes
83.07(2)(a)8	RESPITE CARE	03/23/2004	Yes
83.11(3)(a)	RESPONSIBILITIES	03/23/2004	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	03/23/2004	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	03/23/2004	Yes
83.32(4)(b)	RESPITE ISP DEVELOPED WITHIN 48 HOURS	03/23/2004	Yes
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	03/23/2004	Yes
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	03/23/2004	Yes
83.33(3)(i)2	MEDICAL CONDITION RECORDED IN RECORDS	03/23/2004	Yes

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For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Enforcement History**

**Date:** 02/19/2004      **SOD #**10009236      **Appealed:** No

Sanctions

OTHER SANCTION  
FORFEITURE---83.14(1)(d)

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 05/24/2006**

**Date Investigation Completed: 07/13/2006**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE  
HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/25/2005**

**Date Investigation Completed: 09/23/2005**

Subject Area(s)

RESIDENT RIGHTS  
HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/18/2004**

**Date Investigation Completed: 07/20/2004**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE  
NUTRITION & FOOD SERVICES

Result

SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

10009309

**Date Complaint Received: 01/26/2004**

**Date Investigation Completed: 03/23/2004**

Subject Area(s)

SUPERVISION

Result

NOT SUBSTANTIATED

SOD #

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